



CITY OF LAS VEGAS

BUILDING AND SAFETY DEPARTMENT

OFFSITE INSPECTION & TESTING

Office (702) 229-6337 Fax (702) 631-3000

CONTRACTOR'S REQUEST FOR OVERTIME

NOTE: OVERTIME INSPECTION REQUEST SUBMITTALS ACCEPTED

MONDAY THRU THURSDAY ONLY AND MUST BE SUBMITTED PRIOR TO 2:00 PM

Check One: Inspection Services ☐ Fax (702) 631-3000 Testing Services ☐ Fax (702) 229-6699

B
I
L
L

T
O

Contractor's Name: _____

Mailing Address: _____

City, State & Zip: _____

Phone Number: _____ FAX Number _____

C
O
N
T
R
A
C
T
O
R

Contractor's Reason for Working: _____

Project Name _____ Permit # _____

Project Location / Address _____

Work Date and Hours Requested _____

Contractor Rep.'s Name: _____ Title: _____
(Print Name) (Print Title)

Contractor Representative's Signature: _____ Date: _____

Name / Phone Number of Contact person at job site during OT: _____

C
L
V

CLV Rep.'s Name: _____ Title: _____
(Print Name) (Print Title)

CLV **Supervisor** Signature: _____ Date: _____

Date Overtime Worked: _____ Time Worked: From _____ .M. To _____ .M.

Total Hours Worked: _____ Hours To Be Billed: _____

R
E
P
R
E
S
E
N
T
A
T
I
V
E

NOTE: CONTRACTOR WILL BE BILLED AND AGREES TO PAY FOR OVERTIME INCURRED BY CITY OF LAS VEGAS PERSONNEL

Do Not Fill In - For Office Use Only

P/P Ending:	Total Hrs:	x	OT Rate:	= \$
-------------	------------	---	----------	------